isted from birth, was about the size of the closed hand of a large man, and was situated upon the lower part of the sacrum. Upon its most convex part was an orifice, through which the finger could be introduced and passed round an irregular resisting body, which partly projected through this opening. This extraordinary production adhered firmly by one extremity to the spine, the connexion was osseous, but so spongy as readily to yield to the knife. It was extirpated by Mr. Jacobs, Senr. and on examination it was found to be furnished throughout with a bony core, or centre, consisting of separate pieces, distinctly joined to each other with perfect synovial capsules. Mr. Jacobs adds, that he "has been assured by a person of veracity, who states the fact from actual observation, that he knows an individual who has a production, or continuation of the os coccygis, which can be felt through the clothes, and causes inconvenience when the person sits; and that it is generally believed that several members of the same family have a similar appendage."—*Dublin Hospital Reports, Vol. IV.*

4. *Anatomical and Physiological considerations on the connexion of the Placenta with the Uterus, on the Vascular Communications between the two Organs, and the Mode of Circulation of the Fluids.*—M. Lauth, Jr. thinks that although anatomists and physiologists have paid much attention to the mode of union of the uterus and placenta, and the reciprocal exchange of blood between the mother and fœtus, they have not given us clear views of the structure of these parts, nor of the manner in which they perform their peculiar functions. The author's experiments lead him to deny, that the uterine placenta really exists under the form which has been assigned to it. He has been able to inject by means of very fine tubes two different orders of vessels, visible in the membrana decidua. The one runs from this membrane to the placental vessels, and the other from the placenta to the vessels of the membrana decidua, all which appertain to those of the placenta. These vessels are the lymphatics, of which the former separate from the blood of the mother, the materials necessary for the fœtus, and the second draw from the blood of the fœtus the matters which ought to be separated from it. Finally, according to the author, the placenta appears to perform in the fœtus, the functions which are subsequently performed by the intestinal canal, rather than those of the lungs, which is attributed to it at present. M. Breschet, in a note at the end of this memoir, informs us, that recent microscopic observations, go to show that the globules of blood of the mother do not resemble the globules of blood of the fœtus.—*Journal des Progrès, from the Rép. Gén. d'anatomie et de physiologie pathologiques.*

PHYSIOLOGY.

5. *Anomaly.*—M. Levrat, Senr. reported to the Medical Society of Lyons, the case of a woman, who, after having given birth three times to twins, a male and a female each time, was delivered at the fourth and a half month of pregnancy, of a male child, and milk was secreted in the right breast only; four months afterwards she was delivered of a perfect female infant, and at this period milk was secreted in the left breast alone.—*Annales de la Méd. Phys. April*, 1827, *from the Compte rendu des trav. de la Soc. de Méd. de Lyons. Par J. M. Pichard, D. M.*

6. *Periodical Dumbness.*—"M. Itard informs the Royal Academy of Medicine, that he had seen a female who is dumb at each menstrual period; this he attributes, justly, to a cerebral congestion taking place at these epochs."—*Annales de la Méd. Phys. Feb.* 1827.

7. *Circulation of the Blood.*—The experiments of Dr. BARRY, on the motion of the blood in the veins, has excited much attention, and the conclusions he has drawn from them have met, especially in England, with considerable opposition. Dr. Arnott, in his late treatise on the elements of physics, notices in a manner not very remarkable for its sound philosophy, the theory some years since advanced by Dr. Carson, that the return of the blood to the heart was effected by atmospheric pressure, and also the experiments of Dr. Barry, and asserts, "1st, That the veins being tubes, free to collapse, no pump can lift liquid through them. 2d, That the suction powers of the chest, in ordinary respiration, is too weak to lift liquid a distance of even one inch, through tubes of any kind." Dr. Carson, in a very ingenious paper in the *London Medical and Physical Journal*, for August last, refutes these assertions. He does not, however, deny that the force of the heart and arteries may be sufficient to move the blood, in certain circumstances, through its whole course, but he maintains that this is not the force employed for that purpose. The well known fact which he adduces, viz. that when a vein is opened in the arm or leg, without the veins above the opening being compressed by ligatures, little or no blood flows, is conclusive, at least, to our minds, on this point; for the blood certainly, on the supposition of its being propelled by a force *a tergo*, would find its way rather out of the opening, than proceed in the vein, carrying before it a column of blood, one or two feet in height.

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8. *Case of Extraordinary Constipation.*—It is surprising what wide deviations from a healthy state of the functions, nature will accommodate herself to, and that while some fall victims to injuries so slight as scarcely to be cognizable, in others, life is sustained under the infliction of the most extensive derangements. Dr. CRAMPTON relates, in the *Dublin Hospital Reports*, vol. iv. the case of a young lady who was attacked in February, 1825, with a severe diarrhœa, which ceased after a few days, and was succeeded by a costive state. After some time the abdomen became tender and inflated, "she seldom had a stool more than about once a week; all medicines were rejected from the stomach; the greater part of her sustenance, which was all liquid, shared the same fate; what she brought up was offensive in the extreme, and often evidently stercoraceous; in some instances it had a urinous taste and smell, little urine being either secreted into or passed from the bladder. Notwithstanding the uncomfortable condition in which she existed, after a little time it became evident that she bore her distress and pains with more facility. The symptomatic feverish state subsided, the pulse became natural; she took liquid food in sufficient quantity, there was less emaciation, the vomiting was less severe, but she threw up every day, and the intervals between the times of emptying the bowels became longer, the urine was seldom passed, and then with pain, and in very small quantity; the catamenia were still regular. She even appeared to have regained a little flesh, and slept well. Her usual sustenance was tea, toast, milk and gruel, but no solid food; no swelling now, or fulness in the abdominal region; she has either lost the use of her lower extremities, or is averse to use them. She is now in her 37th year, and has been in the state described for the last seven years. For the last eight months she has had no passage from her bowels, and only two or three during the preceding year, and she scarcely passes any urine."

Dr. Crampton recollects a case in Steevens's Hospital, in which "both the bowel and urinary discharges were nearly suppressed. When she had a stool it was considered quite an extraordinary occurrence, and she never passed urine except when relieved by the catheter. She vomited occasionally excremental matter, and for a considerable time, when no urine appeared to be secreted, she threw up a fluid of a urinous taste and smell. She lived for several years."

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9. *Pulsation in the Veins.*—A very interesting case of this is recorded by Dr. DAVIES in the fourth volume of the *Dublin Hospital Reports*. It occurred in a girl aged six years, labouring under acute hydrocephalus, which terminated

fatally. There "was a pulsation in all the veins, distinct and well marked, synchronous with that of the arteries, and in the veins of the extremities, perceptible to the eye, even at the distance of two yards. The veins were larger than is usual at her period of life, and pressure upon any of them stopped the pulsation between the part compressed and the heart, so that it obviously could not be caused by regurgitation from the auricle. The pulsation in the part of the vein, towards the extremity, was rendered much stronger, and more distinct, provided the return of the blood to the auricle was not completely obstructed, but if the compression was so strong as entirely to obliterate the calibre of the vein, that part of it which became tense and distended with blood so far as the next valve, after a few seconds, lost the pulsation altogether. The pulsation of the heart was somewhat stronger than usual at her age; the pulsation of the veins was softer than that of the arteries, and was completely stopped on compression of these latter vessels." The arteries were injected after death, "but presented no preternatural communication whatever with the veins, neither could any artery be discovered in the immediate vicinity of these latter vessels which could throw a doubt on the fact, that the pulsation had been continued from the heart, through the arteries and capillaries to the veins."

PATHOLOGY.

10. *Case of gangrene of the lung; dilation of the bronchial tubes; cavity in the right lung; bronchitis.* By Drs. Graves and Stokes.—This is an extremely interesting and rare case. Laennec, Andral, and Bayle, all unite in setting down the uncircumscribed gangrene as one of the rarest of pathological phænomena. Laennec states that he met with it but twice in the course of twenty-four years observation, and that but six cases occurred in the hospitals of Paris during that period.

Case.—L. B. ætat. twenty-eight, full habit—thorax well developed—had been subject for the last year to palpitations, cough, and pain in the sides. *November* 1st, rigor, with increased pains. *November* 2d, cough frequent—expectoration of a dark red colour—pulse 144—lays on his right side—breath very fœtid—cadaverous smell from the whole body—countenance of a leaden hue—lips livid. On percussion the right side was dull anteriorly, on applying the stethoscope from about two inches above the mamma to the inferior portion of the lung, we heard a sound similar to that produced by the retraction of a piston; on expiration an obscure crepitus was audible. About the mamma, cavernous respiration, gurgling and pectoriloquism. Over the left lung respiration puerile, with slight crepitus about the mamma.

Diagnosis. Suppurative inflammation of the lower lobe of the right lung; a cavity anteriorly in the lower part of the middle lobe; slight inflammation of the lower part of the left lung.

Ordered, venesection ten ounces; cupping glasses to the right side, and afterwards a large blister; small doses of calomel and hyosciamus, and an abundant supply of warm diluents. Evening—much relieved, pulse 96, cadaverous smell disappeared, no expectoration—the peculiar respiration in the superior right lung not audible—skin dry—calomel and hyosciamus omitted—small doses of antimonial, with a little calomel to be taken every second hour.

November 3d.—Lying on his left side, which he has not, he says, been able to do for the last six months. Expectoration about two ounces, purulent, sanious, and presenting the prune juice colour in some degree.

November 6th.—A loud muco-crepitating rale over the whole left lung—cavernous respiration evident over a more considerable portion of the right lung, with confused pectoriloquism; posteriorly the murmur was natural—crepitus in the antero-superior portion.